

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16266

State File No.

FILED JUN 1 1944 818

Registration District No. Primary Registration District No. **1003** Registrar's No. **4820**

1. PLACE OF DEATH:

(a) County.....
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME **John H. Crafton**

3. (b) If veteran, name war **No** 3. (c) Social Security No.

4. Sex **M** 5. Color or race **Col.** 6. (a) Single, widowed, married, divorced **1**

6. (b) Name of husband or wife **Shirley Crafton** 6. (c) Age of husband or wife if alive **50** years

7. Birth date of deceased **unknown**
(Month) (Day) (Year)

8. AGE: Years **Abt. 59** Months Days If less than one day hr. min.

9. Birthplace **Trenton, Tenn**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business.....

12. Name **Alfred Crafton**
Trenton, Tenn

13. Birthplace **Unk.**
(City, town, or county) (State or foreign country)

14. Maiden name **Unk.**

15. Birthplace **Unk**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Shirley Crafton**

(b) Address **3907 Enright Ave.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **5 26 44**
(Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood cemetery**

18. (a) Signature of funeral director **A. A. L. Beal**

(b) Address **2726 Lucas Ave**

19. (a) **MAY 25 1944** (Date received local registrar) (b) **J. F. Brebeck** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **12**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3907 Enright Ave.**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **22**
year **1944** hour minute **30** M.

21. I hereby certify that I attended the deceased from **44** to **5/25/44**
that I last saw him alive on **5/25/44**
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertensive heart disease**

Due to

Due to

Other conditions.
(Include pregnancy within 3 months of death)

Major findings:
Of operations **none**

Of autopsy **yes**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury **0**

23. Signature **J. F. Brebeck** (M. D. or other) **5/24/44**
Address **3907 Enright Ave** Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed

A. D. Richardson

Licensed Embalmer No. *2928*

P. O. Address. *City*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.